



ROSEBUD SIOUX TRIBE
Enrollment Department
P.O. Box 335
Rosebud, S.D. 57570
PH: (605) 747-2381
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Caroline Horse Looking, Director
Darlene Marshall, Administrative Assistant
Leondra Blacksmith, Office Manager
Emily Mashek-Little Thunder, Secretary

REQUEST FORM

ENROLLMENT #: _____

I AM REQUESTING: _____ Pending Letter TO: _____
 _____ Certificate of Indian Blood _____ Proof of Descendancy
 _____ BIA 4432 Form _____ Verification of Relationship
 _____ Application _____
(must include copy of birth certificate)
(must be enrolled with our tribe)

NAME: _____
 (Please Print) (Maiden Name)

CURRENT MAILING ADDRESS: _____
 STREET or PO BOX
 TOWN or CITY STATE ZIP

DATE OF BIRTH: ____/____/____ COMMUNITY: _____

LIST MINOR CHILDREN NEEDED:

1. _____ DOB: _____ #: _____
2. _____ DOB: _____ #: _____
3. _____ DOB: _____ #: _____
4. _____ DOB: _____ #: _____
5. _____ DOB: _____ #: _____

SIGNATURE: _____ DATE: _____